

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43501

STATE FILE NUMBER

FILED DEC 23 1957

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

1370

| | | | |
|--|------------------------|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1003 W. Cliff | | d. STREET ADDRESS 1002 W. Cliff | |
| Length of stay in lb 50yrs | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Nick Middle Last Anfilo | | 4. DATE OF DEATH Month Dec Day 10, Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 29, 1888 |
| 9. AGE (In years last birthday) 69 | | 10. FUNDING YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Butcher (RE) | | 10b. KIND OF BUSINESS OR INDUSTRY Armour & Co. | |
| 11. BIRTHPLACE (City and state or country) Odessa Russia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unk. | | 13b. MOTHER'S MAIDEN NAME Unk. | |
| 14. NAME OF HUSBAND OR WIFE Tillie Anfilo | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | |
| 16. SOCIAL SECURITY NO. 500-07-6662 | | 17. INFORMANT Address Mrs. George Spiek, St. Joseph, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Signed as an unattended death in DUE TO (c) the city of St. Joseph, Mo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | INTERVAL BETWEEN ONSET AND DEATH Immediate | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I examined the deceased from 12-10-57, to never and last saw him alive on Death occurred at 4:00 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE (Degree or title) Richard L. Maguire M.D. Assistant City Health Officer | |
| 22a. ADDRESS 22b. DATE SIGNED 12-13-57 | | 22c. ADDRESS 22d. DATE SIGNED 12-13-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/13/58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo | |
| 24. FUNERAL DIRECTOR John E. Russell | | 25. DATE RECD. BY LOCAL REG. Dec. 18, 1957 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3986

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.